## PM SHRI KENDRIYA VIDYALAYA NALETI Registration form for part time contractual teachers

Important notes: 1. All entries should be made in capital letters Separate form for each post, if applied for more than one post.
 Active Mobile Number and valid E-mail ID must be furnished in the

3	6. Active	Mobile	Number	and	valid	E-mail	Ш	must	be	furnished	in the	applicat	ion.

1.	POST (Please in PGT/TG Coach/N	ndicate T/PRT/	whethe Balvati	r ka/Spo									SUB.				D F(	OR		
2. Cand	idate's Nan	ne (in ca	apital le	tters)	(Please	e keep	one bo	x bla	nk bet	tween ]	First n	ame, N	liddle 1	name (	& Last	name	)			
	<b>r's/Husband</b> se keep one b						ddle na	me &		ather				]	Husbaı	nd				
4. Date	of Birth:		DAY			MONT	TH H			YEAR				ende ase Ti		M			F	_
	s on 31.03.2 dateAddres			ear etters)			Month			Day	s									_
Nam		:																		
Fath	er/Husband	's Name	e:												Plea	se a tograpl	affix	one	recent	
Add	ress	:													1 110	iograpi	1			
		:																		
		:																		
City	/Town	:					PIN	,												
Ph/N	Mobile No.	:						_												_
E-m	ail ID	:						_												
	emic Qualif			_	_				of Maı	k shee	ts and	Certifi	icates)			Signat	ture of	Canc	lidate	

Name of	Write name of	Year	AGGREGATE MARKS			Subjects /	Duration	Roard/
Examination	Examination passed		Max. Marks		% age of Marks	Specialization	of course (in months)	University
High School								
(Class X)								
Intermediate								
(Class XII/PUC)								
Graduation								
(B.A/B.Sc./B.Te								
ch/B.Eetc.)								
Post Graduation								
(M.A/M.Sc./								
MCA/M .Tech)								
Others if any								
(Specify)								

**9.** Professional Qualification (Attach attested copies of mark sheets & certificates)

Name of Examination (with complete name of course passed)		Write name		AGGR	EGATE M	ARKS			
		of Examination passed	Year of passing	Max. Marks	Marks obtained	% age of marks	Subjects /Specialization	Duration of course (in months)	Board/ University
	El.Ed/D.Ed								
(specify	y)								
B.Ed	Theory								
D.E.u	Practical								
BE/B.T	Tech (CS)/								
СТЕТ									

Post held Name of	Period of	service	No of completed	Class		Scale of pay and	
Institution	From	To	years &months	taught	Subjects taught	salary per month	
	Name of Institution	Name of	Name of	Name of No. of completed	Name of No. of completed Class	Name of No. of completed Class Subjects taught	

12. Do you have knowledge of computer application? (Please mark  $(\sqrt{})$  tick in the appropriate box) For teaching posts

YES		NO	

## UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place	
Date	Signature
	Name_
	Contact No.
	F-mail ID:

- 1. It is compulsory to submit the photocopies of all the testimonials along with this Application form.
- 2. Candidates are requested to carry original testimonials along with them at the time of interview.